

# Wisconsin Department of Regulation & Licensing

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Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://drl.wi.gov>

## STATEMENT OF GRADUATION

("Board-approved school" U.S. or U.S. Territory)

**APPLICANT:** Complete the top portion of this form and forward to the school of nursing in which you received your basic nursing education. Request the school to return the completed form directly to the **Wisconsin Board of Nursing**.

CHECK ONE:

☐ Registered Nurse

☐ Licensed Practical Nurse

NAME

(LAST)

(FIRST)

(MIDDLE)

(MAIDEN/FORMER)

ADDRESS

(NO. & STREET OR P.O. BOX)

(CITY)

(STATE)

(ZIP)

DATE OF BIRTH

(MONTH)

(DAY)

(YEAR)

SOCIAL SECURITY #

Voluntary, for use by school to locate your

records

NURSING EDUCATION PROGRAM COMPLETED

(NAME OF SCHOOL OF NURSING)

LOCATION

(CITY)

(STATE)

(COUNTRY)

DATE OF GRADUATION

(MONTH)

(DAY)

(YEAR)

I HEREBY AUTHORIZE THE \_\_\_\_\_ SCHOOL OF NURSING TO  
FURNISH THE WISCONSIN BOARD OF NURSING THE INFORMATION REQUESTED BELOW.

DATE

SIGNATURE

**DO NOT WRITE BELOW THIS LINE - FOR SCHOOL OF NURSING**

This is to certify that

(name)

successfully completed the nursing program at

(name of school of nursing)

and graduated on

(location)

(MONTH)

(DAY)

(YEAR)

The type of registered nursing completed was:

☐ BSN

☐ ADN

☐ BA

☐ DIP

The type of practical nursing completed was:

☐ LPN/TPN

Was this school of nursing state approved at the time of graduation?

☐ YES ☐ NO

**SCHOOL SEAL/STAMP**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

